



MONTANA
ARC-1
Rev 7-06

Request for Payment Plan Application

Complete this form if you wish to have us consider accepting payments on your tax balance.

Required Information:			
Customer or Account ID:	Tax Type:		
Your Name:	Social Security Number:		
Spouse's Name:	Social Security Number:		
Business Name:	Federal Employer's ID Number:		
Address:			
City:	State:	Zip Code:	
Phone Numbers (please check best number for daytime contact):			
<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	

For Individual Income Tax:			
Your Employer:	Job Title:		
Spouse's Employer:	Job Title:		

It is important to understand that department approval is required for all payment plans. First, we will review your request for payment plan application and account history, to determine the minimum acceptable payments and any other terms that may be included as part of the agreement. If your proposed terms are acceptable, you will receive our comprehensive payment plan application to complete. If we do not agree with your proposed terms, you will receive our minimum acceptable terms for your payment plan plus our comprehensive payment plan application to complete if you agree to meet our terms. In either case, the payment plan application must be completed, signed and returned within 15 days from the date it is mailed to you. Once the payment plan is finalized, we will send you a written agreement that verifies the terms and conditions that we have agreed to.

Here are some things you should know if you decide to work with us to establish a payment plan.

- Payment plans of less than \$50 per month or for longer than 12 months are not typically accepted.
- For individual income tax, payments must be automatic (ACH) deductions from a checking or savings account.
- Penalties and interest will continue to be added and must be included in all payment plans.

Payment Plan Proposal

Please let us know your "proposed" amount for each payment you want to make.

\$_____

Automatic Payment Information

Please let us know about your preferences for the automatic deduction.

Name of bank _____

Type of account Checking Savings

Frequency of deductions: weekly bi-weekly monthly

Please select a month to start deductions _____

Please select a day of month for the deductions (example: 1st, 15th, 20th) _____

You may submit this form any of the following ways:

Fax: (406) 444-0750

E-mail: dorcollections@mt.gov

Mail: Montana Department of Revenue, PO Box 1712, Helena MT 59604